

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please complete and fax to us @ (516)292-4135

In lieu of my credit card imprint, I _____
(Name of cardholder as it appears on the credit card)
Authorize Introspect Investigations USA, Inc. to charge my payment to
the following credit card:

(Circle one) AmEx VISA MasterCard Discover

CARD NUMBER _____

EXPIRATION DATE _____

SECURITY CODE _____

BILLING ADDRESS ON CREDIT CARD STATEMENT

STREET # AND NAME _____

CITY, STATE, ZIP _____

COUNTRY _____

EMAIL FOR RECEIPT _____

PAYMENT AMOUNT \$ _____

By signing below and submitting for payment I agree to pay the total
amount shown above.

X _____
Signature

(If the name on the credit card is in the name of a corp. or other business entity, please print the signers name
below)

Date

Introspect Investigations USA, Inc.

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Franklin Square, NY 11010

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